

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046763

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6313

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in lb
43 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Menorah HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jacksonc. CITY OR TOWN Kansas City Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
5236 Olive St. Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

CARL

C.

BERNITZ

Dec. 11, 1962

5. SEX

Male

6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/10/1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Self-Employed

11. BIRTHPLACE (City and state or country)

Topeka, Kansas

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Frank Bernitz

13b. MOTHER'S MAIDEN NAME

Alice Conley

14. NAME OF HUSBAND OR WIFE

Edith Bernitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give year or dates of service)

Yes

WW I

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Edith Bernitz, Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Occlusion

INTERVAL BETWEEN

ONSET AND DEATH

20 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Artery Insufficiency

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Pulmonary Emphysema

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.).

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 9, 1962, to Dec. 11, 1962 and last saw him alive on Dec 11, 1962
Death occurred at 8:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Robert R. Tonkens D.O.

22b. ADDRESS

3800 E 27th St. KC MO

22c. DATE SIGNED

12/12/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12/12/1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah Cemetery

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

12-12-62

26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. Newcomer's Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Robert R. Tonkens MEDICAL CERTIFICATION

Mr. J. J. J. J.
Central Med. Center
27th + Cincinnati
11. 22 + M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold S. Reich

Licensed Embalmer No. 4998

P. O. Address X.R., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.